Checklist for Residential Community Living Moves

| Name: | | DMH # | _ |
|----------------------|--|-----------------|----------------------|
| | n: Natural Home/ Residentia Name | to al Name | Residential |
| Transitioning from | | Negional Office | 2 |
| Initial Transition m | neeting date: | Post Move Tr | ansfer meeting date: |

Section A. Initial Planning and Provider Selection

| Action Step | Date Action Step Completed (or N/A) | Comments |
|---|-------------------------------------|----------|
| Have checked the ME code to verify that the individual has active, waiverable Medicaid? | | |
| The individual's waiver eligibility has been determined and Level of Care completed. | | |
| Responsible Person(s) has identified the counties they want to consider for a move. | | |
| Has UR approved to proceed with placement? | | |
| If an individual is moving from a Hab Center or Skilled | | |
| Nursing Facility into the community, has a referral to | | |
| Money Follows the Person been completed? | | |
| *Note: *Talk to your Community Living Coordinator* | | |
| Notify the receiving Area Behavior Analyst if the | | |
| individual is moving from a Level II facility, nursing | | |
| home, psychiatric hospital, or jail, or if the individual | | |
| has been in a psychiatric hospital or jail within the past year. | | |
| Individual's referral has been placed on Consumer Referral Database. | | |
| Individual and responsible parties have been made aware of all provider options and have been | | |
| provided information and opportunities to visit providers before making informed choice. | | |

| Housemate Compatibility Tool has been completed, and the team has evaluated the level of risk any housemate would present to the other. | |
|---|--|
| Individual has chosen a provider and the selected provider has been informed. | |
| For Shared Living — Is there an up to date SIS report available? | |
| Medicaid Waiver, Provider, and Services Choice Statement completed. | |
| Individual has met housemates and has had a chance to become acquainted with the home through home visits, photos, videos or alternative methods. What attempts have been made? | |
| If the home is a new ISL, prior to the move, has the Support Coordinator inspected the proposed new home using the ISL Environmental Site Review form? | |
| Have verified the individual has sufficient benefits to cover the room and board costs? If not, have requested RO Business Office review the benefits? | |
| If moving from one Regional Office to another, have the sending & the receiving ROs, and CLCs been informed? | |

Section B. Transition Plan:

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|---|-------------|----------|
| Action Step | Date Action | Comments |
| | Step | |
| | Completed | |
| | (or N/A) | |
| The new TCM agency has been informed of the | | |
| move and invited to transition meeting. | | |
| Receiving SC has entered their role into CIMOR. | | |
| Initial transition meeting with BOTH sending and | | |
| receiving teams has been scheduled. | | |
| Document who participated in the initial transition | | |
| meeting and date of the meeting. | | |
| The team is informed of any pending court actions. | | |
| Does the individual have overdue/unpaid bills? If | | |
| so, is a plan in place to address the bills? | | |
| Have informed the sending & receiving business | | |
| office of status of payee. | | |

| If applicable, what is the status of individual's burial plan and/or funeral arrangement? Has this been documented in the file? | |
|--|--|
| Has the Sending SC documented who is going to notify current landlord, post office, Social Security Office/Medicaid office, bank, etc. of the individual's move/and new address? | |
| Startup needs (rental/utility deposits, furniture, household set-up, etc.) have been identified and funding source identified prior to the move. | |
| All medical supports the individual needs are addressed in the ISP/Amendment. | |
| Receiving provider's staff is informed and aware of the individual's medical needs. | |
| If individual has had a change in health status or this is first move to residential living, Health Inventory has been completed. | |
| Prior to the move, Provider staff has been trained on any specialized medical supports. | |
| The individual has all needed durable medical equipment. The source and funding for needed equipment has been identified and obtained. | |
| Prior to the move, Provider staff has received a copy of the BSP and has been trained on any needed specialized behavioral supports. | |
| All behavioral support needs are addressed in the ISP/ Amendment. | |
| If involvement of the Behavioral Resource Team (BRT) in the transition is needed, the BRT has been made aware and will be involved. | |
| If the individual has a Behavior Support Plan, has it been sent to the receiving Area Behavioral Analyst? | |
| Is a psychiatrist needed? If so, has a referral been made? Has the need for a psychiatrist been documented in the ISP or amendment? | |
| If needed, Altered Levels of Supervision Tool has been used by the team to plan supports. | |
| Staffing ratio needed has been identified and justified in the plan. | |
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| If the person's rights are restricted, has the plan been reviewed by the Due Process Committee and documentation is in the file? | |
|---|--|
| If the individual is a registered sexual offender or has been found NGRI (not guilty due to disability or mental illness) for a sexual offense, or was determined incompetent to stand trial for a sexual offense, the SC has notified the sending CLC of the move. Prior to the move, the CLC has sent out notification letters which are required by statute. | |
| Has the need for Home Modifications been determined? | |
| If utilizing remote supports, agency has been identified and back-up plan is in place. | |
| Arrangements have been made for transporting the individual and belongings on the move date. | |
| Transfer of personal funds has been arranged Spending money in the individual's possession is sent <u>WITH</u> individual or responsible person. Personal spending money in accounts is returned by the provider to the Regional Office. (If RO is not payee, RO will direct provider to whom to return the funds). | |
| Has a Tentative move date been discussed? If so, what date? | |
| Determine which SC will do Service Monitoring during the first 30 days after the move. | |

Section C. After Transition Meeting

| Action Step | Date Action Step Completed | Comments |
|--|----------------------------------|----------|
| | (or N/A) | |
| Budget submitted by the agency provider. | | |
| Authorizations have been approved by the sending UR and the sending RO Director prior to the move. | | |
| If the move will result in an ISL rate increase, has the ISL budget been approved by sending Regional Office Director prior to the move? | | |
| Sending TCM entity has provided the receiving TCM entity and provider with an approved copy of the budget. | | |

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| If applicable, interdivisional or interdepartmental | |
| agreement has been completed and signed. | |
| If home modifications are needed for health and | |
| safety, were they approved and completed prior to | |
| the move? | |
| Final UR approval has been received for all services. | |
| Has the waiver slot been assigned? | |
| Upon the move, an inventory of the individual's | |
| belongings has been documented and is | |
| maintained by the Provider Agency. | |
| The following have provided to the receiving provider | |
| at least one week before the individual's move: | |
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| Current Individual Support Plan, including any add and the same and budget (fine fine authorizations). | |
| addendums and budget/funding authorizations | |
| Behavior Support Plan Compart to a sixty of the line for monthly and the line for monthly | |
| Current specialized medical information | |
| Information regarding diet and allergies | |
| | |
| At a minimum, the following must be provided to the | |
| receiving provider no later than the day of the move: | |
| Current Physician's orders | |
| A minimum of a 7 day supply of current | |
| medications, with plan in place for renewal | |
| Current physical, vision and dental exams | |
| Medicaid, Medicare, ID card and Social Security | |
| cards | |
| Current immunization record | |
| Adaptive equipment | |
| Clothing | |
| Personal care items | |
| Personal property inventory | |
| Documentation of guardianship and payee | |
| Sending Business Office has been informed of the | |
| move. | |
| Sending and Receiving RO Nurses have been | |
| informed of the individual's move. | |
| If the home is a new ISL and repairs/changes were | |
| necessary based on the initial ISL Environmental Site | |
| Review form, did the proposed new ISL home pass | |
| inspection prior to the move? | |
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| The sending SC will ensure that CIMOR is updated | |
| (i.e address, phone number, etc). | |

Section D. Follow Up

| Section D. Follow Up | | |
|---|-------------------------------------|----------|
| Action Step | Date Action Step Completed (or N/A) | Comments |
| The receiving provider has scheduled doctor appointments to ensure continuity of care. | | |
| Post move transition meeting including sending and receiving support coordinators, CLC's, provider's, and any other staff necessary has been scheduled. | | |
| Has the sending SC ensured that his/her role has ended in CIMOR one day prior to transfer? | | |
| Sending SC prints last 6 months' worth of log notes and puts in the master file. | | |
| Upon the move, the personal inventory form is reviewed and signed off by both the sending and receiving home manager or agency provider. | | |
| Community Moves Checklist sent to entire planning team. | | |
| Transfer date finalized. Provider and receiving TCM agency have been notified. | | |
| Administrative Transfer Form is completed if moving outside the region/county. | | |
| If administrative transfer, file review has been completed by SCS. | | |
| Consumer File sent within 5 business days of the effective transfer date. | | |

| Additional Comments: | | | |
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Signature of sending SC completing form and date (Required)

CC: Entire Planning Team
Consumer file